IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John C. Daynes; Cathlene D.

Buchanan; Douglas J. Hill;

Richard M. Lee

Filed:

Herewith

Customer No.:

28863

Docket No.:

1023-126US02

Title:

DEFIBRILLATOR WITH A MULTIPLE-MODE INTERFACE

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: ET736607865US

Date of Deposit: December 2, 2003

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, Alexandria, Virginia 22313-1450.

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53 of Serial No. 09/945,333, filed on August 31, 2001, entitled DEFIBRILLATOR WITH A MULTIPLE-MODE INTERFACE by the following inventor(s):

Full Name Of Inventor	Family Name Daynes	First Given Name Second Given Nam John C.	
Residence & Citizenship	City Redmond	State or Foreign Country Washington Country of Citizensh United States of Amer	
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Full Name Of Inventor	Family Name Buchanan	First Given Name Second Given Name Cathlene D.	
Residence & Citizenship	City Shoreline	State or Foreign Country Washington	Country of Citizenship United States of America
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Full Name	Family Name	First Given Name	Second Given Name
Of Inventor	Hill	Douglas	J.
Residence & Citizenship	City Newcastle	State r Foreign C untry Washinton Country f Citizen United States of Am	
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Of Inventor	Lee	Richard	M.
Residence & Citizenship	City Kirkland	State or Foreign Country Washington	Country of Citizenship United States of America
Post Office	Post Office Address	City	State & Zip Code/Country
Address	10710 NE 58 th Street	Kirkland	WA 98033/USA

\boxtimes	Transmittal sheet containing Certificate of Mailing
\boxtimes	Continuation Patent Application: Spec. 16 pgs; Claims 3 pgs; Abstract 1 pg
	Copy of signed Combined Declaration and Power of Attorney (3 pgs.)
\boxtimes	Copy of signed Revocation and Power of Attorney (2 pgs.)
XI.	The filing fee is calculated below:

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Extra	Rate	Fee
Basic Filing Fee	,			\$770.00
Total Claims		- 10 V ^A A	70 47 1 4	
23	20	3 2	\$18.00	= \$54.00
Independent Claims		19 11 4 19	- 200	F
4	4 3	1 2	\$86.00	= \$86.00
MULTIPLE DEPENDENT CLAIM FEE				,
TOTAL FILING FEE				\$910.00

	Payment of fees: Check in the amount of \$910.00. Please charge Deposit Account No. 50-1778. Under 37 CFR §1.53(f), no filing fee is being paid at this time.
\boxtimes	The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Deposit Account No. 50-1778.
\boxtimes	A set of formal drawings (11 sheets) is enclosed.
	The prior application is assigned of record to Medtronic Physio-Control Manufacturing Corp.
\boxtimes	The Power of Attorney in the prior application is to:

Shumaker & Sieffert, P.A. 8425 Seasons Parkway, Suite 105 St. Paul, MN 55125 Address all future communications to Practitioners at Customer Number 28863.

28863
PATENT TRADEMARK OFFICE

A return postcard is enclosed.

Date:

SHUMAKER & SIEFFERT, P.A. 8425 Seasons Parkway, Suite 105

St. Paul, Minnesota 55125 Telephone: 651.735.1100 Facsimile: 651.735.1102 Вуŗ

Name Jason D. Kelly

Reg. No.: 54,213